

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF INDIANA
Application for Limited Use Password for ECF System
*Please **CLEARLY PRINT** your responses*

Claims or other Limited Use Application: I apply for a limited access account for the purpose of electronic filing of claims and related documents. I affirm under the penalty of perjury that I am authorized to prepare and file these documents on behalf of _____.

I have read, understand and I will abide by the following ECF System rules of this Court:

Limited Use Applicant Information	
Name: _____	Social Security/Tax ID number: _____
Firm/Company Name: _____	
Firm/Company Address: _____ _____	
Telephone #: _____	FAX #: _____
Internet Electronic-Mail address: _____	
The following is a listing of the other federal courts, and dates of registration where I am registered as an ECF filer: _____	

1. I understand that use of Limited Use password to file a document in the record of a bankruptcy case or proceeding will constitute my signature upon, and my signing of, any declarations, verifications, proofs of claims, notices of appearance, assignment of claims, reaffirmation agreements, or other papers or documents filed by use of the password obtained pursuant to this application (my password), for all purposes authorized and required by law, including, without limitation, the United States Code, Federal Rules of Civil Procedure, Federal Rules of Bankruptcy Procedure, Federal rules of Criminal Procedure and any applicable non bankruptcy law.

2. I understand that it is my responsibility to maintain in my records, and produce upon request, all documents bearing my original signature that are filed using my password for a period three (3) years after the case or proceeding in which the papers are filed have been closed.
3. I understand that I have the responsibility to protect and secure the confidentiality of my password. If I believe that my password has been compromised, it is my responsibility to notify the court in writing, immediately.
4. I understand that it is my responsibility to immediately notify the court of any change in my address, telephone number, fax number and electronic mail address.
5. My registration as a limited use electronic filer constitutes: (1) my waiver of the right to receive notices by first class mail and my consent to receive notices electronically; (2) my waiver of the right to personal service or service by first class mail and my consent to electronic service, except with regard to service of a summons and complaint. My waiver of service and notice by first class mail applies to notice of entry of an order or judgment.
6. By this registration, I, the undersigned applicant, agree to abide by all the rules and regulations in the most recent Amended Order Authorizing Electronic Case Filing. I agree to adhere to all court procedures for the ECF system. I understand it is my responsibility to learn and use all updates to the ECF procedures.

Date: _____

Applicant Signature

Print this complete form and mail to:

Michael Stewart, ECF Project Manager
Attn: ECF System Registration
United States Bankruptcy Court
P.O. Box 7003
South Bend, Indiana 46634-7003

Official Use Only

Date Received	
Information verification	
Registration verification	
Systems verification	

Initial system login and password	
ECFPM final review	
Document #	